

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of Corrine Brown

ADDRESS (number and street)

3563 Carriage Walk Lane

Check if different
than previously
reported. (ACC)

Laurel

MD

20724

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00272732

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

FL

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gloria Simmons

Signature of Treasurer

Gloria Simmons

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	78150.00	360608.59
(b) Total Contribution Refunds (from Line 20(d))	5000.00	6200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	73150.00	354408.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	68581.20	328190.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	590.00	2193.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	67991.20	325997.51
8. Cash on Hand at Close of Reporting Period (from Line 27).....	39572.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	19675.44	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 73

Write or Type Committee Name

Friends of Corrine Brown

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

38900.00

131666.00

(ii) Unitemized.....

250.00

11317.59

(iii) TOTAL of contributions from individuals ▶

39150.00

142983.59

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

39000.00

217625.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

78150.00

360608.59

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

2000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

2000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

590.00

2193.35

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

78740.00

364801.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 73

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	68581.20	328190.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	5000.00	6700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	-500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5000.00	6200.00
21. OTHER DISBURSEMENTS	1700.00	12688.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	75281.20	347079.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	36114.03
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78740.00
25. SUBTOTAL (add Line 23 and Line 24).....	114854.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75281.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39572.83

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 73

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) Madeleine Arison		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>23</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	04		23		2014
M M M	/	D D D	/	Y Y Y Y Y									
04		23		2014									
Mailing Address 9999 Collins Ave Apt 15-GJ		Transaction ID : C10118087											
City Bal Harbour	State FL	Zip Code 33154-1839											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00											
Name of Employer N/A	Occupation Homemaker												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00												
B. Full Name (Last, First, Middle Initial) Edward L Baker		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		24		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		24		2014									
Mailing Address 200 W Forsyth St Fl 7		Transaction ID : C10118157											
City Jacksonville	State FL	Zip Code 32202-4349											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00											
Name of Employer Florida Rock Industries Inc	Occupation President												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00												
C. Full Name (Last, First, Middle Initial) Edward L Baker		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06		24		2014
M M M	/	D D D	/	Y Y Y Y Y									
06		24		2014									
Mailing Address 200 W Forsyth St Fl 7		Transaction ID : C10118155											
City Jacksonville	State FL	Zip Code 32202-4349											
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00											
Name of Employer Florida Rock Industries Inc	Occupation President												
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00												
SUBTOTAL of Receipts This Page (optional).....		5300.00											
TOTAL This Period (last page this line number only).....													

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Edward L Baker

A.

Mailing Address 200 W Forsyth St
 FL 7

City	State	Zip Code
Jacksonville	FL	32202-4349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Rock Industries Inc

Occupation
President

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : C10118156

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Brennan, Manna & Diamond P.L. (Jack Webb)

Mailing Address 800 West Monroe St.

City	State	Zip Code
Jacksonville	FL	32202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : C10118158

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. William Clyburn Jr

Mailing Address 7819 12th Street, NW

City	State	Zip Code
Washington	DC	20012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Engineer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

Transaction ID : C10118130

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Jed Davis

A.

Mailing Address 2312 River Rd.

City

Jacksonville

State

FL

Zip Code

32202

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.D.I. INC.Occupation
REAL ESTATE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2014

Transaction ID : C10118135

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Thomas Martin Fiorentino Jr.

B.

Mailing Address 1520 Sawgrass Village Dr
373

City

Ponte Vedra Beach

State

FL

Zip Code

32082-5052

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Fiorentino GroupOccupation
Government Relations

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2014

Transaction ID : C10118128

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Mark Frisch

C.

Mailing Address 620 Beach Ave

City

Atlantic Beach

State

FL

Zip Code

32233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Street FisheriesOccupation
CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : C10118089

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 73

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Daniel Hayes

Mailing Address 2760 Dunleer Place

City

Los Angeles

State

CA

Zip Code

90064

FEC ID number of contributing
federal political committee.

C

Name of Employer

MITCHELL SILBERBERG & KNUPP LLP

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : C10118112

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Shahid Khan

Mailing Address 4101 Gulf Shore Blvd N. 16S

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Jaguars

Occupation

Owner

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : C9317618

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Shahid Khan

Mailing Address 4101 Gulf Shore Blvd N. 16S

City

Naples

State

FL

Zip Code

34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacksonville Jaguars

Occupation

Owner

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : C10118085

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

7600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 73

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) Arthur Lee		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
06		10		2014									
Mailing Address PO Box 540687 1030 N Orange Avenue Suite 102		Transaction ID : C10118108											
City Orlando	State FL	Zip Code 32854-0687	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1000.00</td> </tr> </table>					1000.00					
				1000.00									
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>1100.00</td> </tr> </table>						1100.00					
				1100.00									
Name of Employer Lee Wesley Group LLC	Occupation Executive												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>							500.00					
				500.00									
B. Full Name (Last, First, Middle Initial) Norman H. Mathews		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		13		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
06		13		2014									
Mailing Address 3145 Bishop Estates Rd.		Transaction ID : C10118132											
City Saint Johns	State FL	Zip Code 32259	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>					500.00					
				500.00									
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00					
				500.00									
Name of Employer ENGLAND THIMES & MILLER INC.	Occupation Engineer												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>							500.00					
				500.00									
C. Full Name (Last, First, Middle Initial) Jane W. Miller		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	06		13		2014
M M M	/	D D D	/	Y Y Y Y Y Y									
06		13		2014									
Mailing Address 2306 Greenside Ct.		Transaction ID : C10118133											
City Ponte Vedra Beach	State FL	Zip Code 32082	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>					500.00					
				500.00									
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00					
				500.00									
Name of Employer retired	Occupation retired												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>							500.00					
				500.00									
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="4"></td> <td>2000.00</td> </tr> </table>						2000.00					
				2000.00									
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="4"></td> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

L.K. Moore

A.

Mailing Address 3131 Fox Squirrel Dr.

City

Orange Park

State

FL

Zip Code

32073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : C10118107

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Nita Parikh

B.

Mailing Address 2866 Country Club Blvd

City

Orange Park

State

FL

Zip Code

32073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maruti Fleet Mgmt LLCOccupation
President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : C10118104

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Willard Payne Jr

C.

Mailing Address 4280 Bleinheim Pl

City

Jacksonville

State

FL

Zip Code

32225-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Business Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		10		2014

Transaction ID : C10118105

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Richard T. Ray

A.

Mailing Address 8173 Seven Mile Dr.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Alexander Rovt

B.

Mailing Address 2346 E 66th St

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBE TradeOccupation
President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : C10118124

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Alexander Rovt

C.

Mailing Address 2346 E 66th St

City

Brooklyn

State

NY

Zip Code

11234

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBE TradeOccupation
President

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : C10118125

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

5700.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 73

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

James P Smith

A.

Mailing Address 3339 Stephenson PI NW

City

Washington

State

DC

Zip Code

20015-2451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smith Dawson & Andrew

Occupation

President

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118129

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Martin E. Stein

B.

Mailing Address 1 Independent Dr. Ste. 114

City

Jacksonville

State

FL

Zip Code

32202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regency Centers Corporation

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118136

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

Wal-Mart Stores Inc. PAC

C.

Mailing Address 702 SW 8th St

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : C10118113

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

5900.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Daniel Wimmer

A.

Mailing Address 2850 Ocean Park Blvd. Ste. 300

City

Santa Monica

State

CA

Zip Code

90405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Information Requested

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : C10118114

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2400.00

38900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 73

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
AFSCME PEOPLE

Mailing Address 1625 L St NW

City Washington	State DC	Zip Code 20036-5665
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 4000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : C9317620

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
Air Line Pilots Association PAC

Mailing Address 1625 Massachusetts Ave NW

City Washington	State DC	Zip Code 20036-2212
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 4000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C10118120

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 7th St NW
 Ste 700

City Washington	State DC	Zip Code 20004-2801
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 5000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : C10118139

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown**A.** Full Name (Last, First, Middle Initial)
American Short Line and Regional Railroad Association PACMailing Address 50 F St NW
Ste 7020

City	State	Zip Code
Washington	DC	20001-1507

FEC ID number of contributing
federal political committee.**C** C00298190

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : C10118140

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
AT&T Inc, Federal PACMailing Address 208 S Akard St
Ste 2701

City	State	Zip Code
Dallas	TX	75202-4206

FEC ID number of contributing
federal political committee.**C** C00109017

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : C10118143

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
BluePAC-Blue Cross and Blue Shield Association PAC

Mailing Address 1310 G STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.**C** C00194746

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : C10118141

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Campaign Account Paula D. Wright, Candidate

Mailing Address 1428 W 26th St.

City State Zip Code
Jacksonville FL 32209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 23 2014

Transaction ID : C10118091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Comcast Corporation PAC

Mailing Address 1701 John F Kennedy Blvd
FL 49

City State Zip Code
Philadelphia PA 19103-2855

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
06 13 2014

Transaction ID : C10118137

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Cruise Lines International Association PAC

Mailing Address 2111 Wilson Blvd
FL 8

City State Zip Code
Arlington VA 22201-3001

FEC ID number of contributing
federal political committee.

C C00432393

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M / D D / Y Y Y Y
04 23 2014

Transaction ID : C10118086

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Cruise Lines International Association PAC

Mailing Address 2111 Wilson Blvd

FL 8

City

Arlington

State

VA

Zip Code

22201-3001

FEC ID number of contributing
federal political committee.

C C00432393

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : C10118094

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Dealers Election Action Committee

Mailing Address 8400 WESTPARK DRIVE

City

MCLEAN

State

VA

Zip Code

22102

FEC ID number of contributing
federal political committee.

C C00040998

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C10118090

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gridiron PAC

Mailing Address 280 Park Ave

City

New York

State

NY

Zip Code

10017-1216

FEC ID number of contributing
federal political committee.

C C00451153

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 03 / 2014

Transaction ID : C9307113

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 73

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

Holland & Knight C'tee for Effective Government

Mailing Address 2099 Pennsylvania Ave, NW

Suite 100

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.**C**

C00171330

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

3600.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2014D D / Y Y Y Y Y Y
19 / 2014Y Y Y Y Y Y
2014**Transaction ID : C10118116**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

International Longshoremen's Association AFL-CIO COPE

Mailing Address 17 Battery Place

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing
federal political committee.**C**

C00158576

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 08 / 2014D D / Y Y Y Y Y Y
08 / 2014Y Y Y Y Y Y
2014**Transaction ID : C10118101**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

JM Family Enterprises, Inc. PAC

Mailing Address 111 Jim Moran Blvd

City

Deerfield Beach

State

FL

Zip Code

33442

FEC ID number of contributing
federal political committee.**C**

C00240911

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2014D D / Y Y Y Y Y Y
10 / 2014Y Y Y Y Y Y
2014**Transaction ID : C10118110**

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

7000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

Full Name (Last, First, Middle Initial)
JOBS, OPPORTUNITIES AND EDUCATION PAC (JOE-PAC)

Mailing Address 410 1st St SE
 Sesuite 310

City Washington	State DC	Zip Code 20003-1819
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00362384

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 04 / 2014

Transaction ID : C9307110

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
Kimberly Daniels Campaign Acct

Mailing Address 121 Schooner Key Place

City Jacksonville	State FL	Zip Code 32218
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 23 / 2014

Transaction ID : C10118093

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)
National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave NW

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : C10118119

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
National Association of Realtors PAC

Mailing Address 430 N Michigan Ave

City State Zip Code
 Chicago IL 60611-4011

FEC ID number of contributing
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 04 04 2014

Transaction ID : C9307111

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Seafarers Political Activity Donation

Mailing Address 5201 Auth Way

City State Zip Code
 Camp Springs MD 20746

FEC ID number of contributing
federal political committee.

C C00004325

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y
 06 19 2014

Transaction ID : C10118117

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SEIU COPE

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C C00004036

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 22 2014

Transaction ID : C10118095

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
Transport Workers Union of America PAC

Mailing Address 501 Third St NW 9th FL

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee.

C C00008268

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2014

Transaction ID : C9317619

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Transportation Trades Dept., AFL-CIO PAC

Mailing Address 888 16th St NW
Suite 650

City	State	Zip Code
Washington	DC	20006

FEC ID number of contributing
federal political committee.

C C00280909

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118144

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Trucking PAC of The American Trucking Assoc

Mailing Address 430 First St SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing
federal political committee.

C C00002881

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2014

Transaction ID : C10118111

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 73

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
United Parcel Service Inc PAC

Mailing Address 55 Glenlake Parkway NE

City	State	Zip Code
Atlanta	GA	30328

FEC ID number of contributing federal political committee.

C C00064766

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118138

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Vulcan Materials Company PAC

Mailing Address PO Box 385014

City	State	Zip Code
Birmingham	AL	35238-5014

FEC ID number of contributing federal political committee.

C C00116020

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		13		2014

Transaction ID : C10118142

Amount of Each Receipt this Period

3000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

4000.00

39000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 73

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial)
Illusions Hair Boutique

Mailing Address 1438 NE 163St.

City Miami	State FL	Zip Code 33162
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : C10118934

Amount of Each Receipt this Period

280.00

B. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix	State AZ	Zip Code 85034-3802
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2014
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : C10118430

Amount of Each Receipt this Period

310.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

--

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

590.00
590.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. 100 Black Men

Mailing Address PO Box 547683

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Orlando	FL	32804

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Donation

Candidate Name

Category/
Type**Transaction ID : D542434**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. 4 All Promo's

Mailing Address 40 Main St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

City	State	Zip Code
Centerbrook	CT	06409

Amount of Each Disbursement this Period

9684.60

Purpose of Disbursement
Campaign Materials

Candidate Name

Category/
Type**Transaction ID : D542782**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Vancier M Alexander

Mailing Address 1924 Broward Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Jacksonville	FL	32218

Amount of Each Disbursement this Period

1300.00

Purpose of Disbursement
Consulting Fee

Candidate Name

Category/
Type**Transaction ID : D542751**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12484.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Vancier M Alexander

Mailing Address 1924 Broward Rd

City	State	Zip Code
Jacksonville	FL	32218

Purpose of Disbursement
Consulting Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : D542722

B. Vancier M Alexander

Mailing Address 1924 Broward Rd

City	State	Zip Code
Jacksonville	FL	32218

Purpose of Disbursement
Consulting Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

550.00

Transaction ID : D542677

c. Alhambra Dinner Theater

Mailing Address 12000 Beach Blvd

City	State	Zip Code
Jacksonville	FL	32246

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

285.69

Transaction ID : D542663

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1435.69

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. American AirlinesMailing Address 1101 17th St NW
Ste 600

City Washington State DC Zip Code 20036-4718

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

5.49

Transaction ID : D542651

B. American AirlinesMailing Address 1101 17th St NW
Ste 600

City Washington State DC Zip Code 20036-4718

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

60.00

Transaction ID : D542654

C. AmtrakMailing Address 50 Massachusetts Ave.NE
Union Station

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

166.00

Transaction ID : D542467

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

231.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. AmtrakMailing Address 50 Massachusetts Ave.NE
Union Station

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2014

Amount of Each Disbursement this Period

69.00

Transaction ID : D542475

B. AmtrakMailing Address 50 Massachusetts Ave.NE
Union Station

City Washington State DC Zip Code 20002

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

94.00

Transaction ID : D543239

c. Art and Framing

Mailing Address 2026 P Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

329.66

Transaction ID : D542779

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

492.66

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO Box 70529

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement
Telecommunications Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

192.56

Transaction ID : D541633

B. Barnett JewelersMailing Address 13249 City Square Dr
Ste 115

City	State	Zip Code
Jacksonville	FL	32218-7239

Purpose of Disbursement
Donor Gift

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

333.71

Transaction ID : D542705

c. Tonia Bell

Mailing Address 18565 Soledad Canyon Rd. Suite 255

City	State	Zip Code
Canyon Country	CA	91351

Purpose of Disbursement
Fundraising Consultant

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2014

Amount of Each Disbursement this Period

1800.00

Transaction ID : D542792

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2326.27

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Big Oak BBQ

Mailing Address 1440 Dunn Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

City	State	Zip Code
Jacksonville	FL	32218-6347

Amount of Each Disbursement this Period

229.68

Purpose of Disbursement
Food/BeveragesCategory/
Type

Transaction ID : D542753

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Mr. Genesis A. Brown

Mailing Address 7018 97th Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
Lanham	MD	20706

Amount of Each Disbursement this Period

425.39

Purpose of Disbursement
Event Expenses ReimbursementCategory/
Type

Transaction ID : D541646

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Buzz Bakery

Mailing Address 901 Slaters Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
Alexandria	VA	22314-1221

Amount of Each Disbursement this Period

40.85

Purpose of Disbursement
Food/BeveragesCategory/
Type

Transaction ID : D542490

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

695.92

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Buzz Bakery

Mailing Address 901 Slaters Ln

City	State	Zip Code
Alexandria	VA	22314-1221

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

34.85

Transaction ID : D542492

B. Central Conference Women's Missionary Society

Mailing Address 1621 Stocking St.

City	State	Zip Code
Daytona Beach	FL	32117

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : D541635

c. Chestnut Centennial Gala

Mailing Address Best Western Conference Center

City	State	Zip Code
Gainesville	FL	32606

Purpose of Disbursement
Banquet Table

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : D543240

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

934.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Cracker Barrel

Mailing Address 4680 Lenoir Ave S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

City	State	Zip Code
Jacksonville	FL	32216-4033

Purpose of Disbursement
Food/Beverages

Amount of Each Disbursement this Period

31.91

Transaction ID : D542418

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Crowne Plaza Jacksonville

Mailing Address 1201 Riverplace Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
Jacksonville	FL	32207

Purpose of Disbursement
Lodging

Amount of Each Disbursement this Period

300.00

Transaction ID : D542717

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Daily Billboards

Mailing Address 214 Osceola Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Jacksonville	FL	32205

Purpose of Disbursement
Advertising

Amount of Each Disbursement this Period

2380.00

Transaction ID : D541643

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2711.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Diners Club

Mailing Address PO Box 6009

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

City	State	Zip Code
The Lakes	NV	88901-6009

Amount of Each Disbursement this Period

397.44

Purpose of Disbursement
MealsCategory/
Type

Transaction ID : D542442

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Evans & Katz LLCMailing Address 600 Pennsylvania Ave SE
Ste 340

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2014

City	State	Zip Code
Washington	DC	20003-6300

Amount of Each Disbursement this Period

2192.86

Purpose of Disbursement
Accounting ServicesCategory/
Type

Transaction ID : D542432

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Exxon Mobile

Mailing Address 121 State St E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

City	State	Zip Code
Jacksonville	FL	32202-3050

Amount of Each Disbursement this Period

45.06

Purpose of Disbursement
TravelCategory/
Type

Transaction ID : D542679

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2635.36

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Fairfax Embassy Row

Mailing Address 2100 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

107.89

Transaction ID : D542494

B. Fairfax Embassy Row

Mailing Address 2100 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Food/Beverage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

Amount of Each Disbursement this Period

46.70

Transaction ID : D542496

C. Fairfax Embassy Row

Mailing Address 2100 Massachusetts Ave NW

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

684.71

Transaction ID : D542477

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

839.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Fairfax Embassy Row

Mailing Address 2100 Massachusetts Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement
Lodging

Amount of Each Disbursement this Period

684.71

Transaction ID : D542478

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Florida Division of Elections

Mailing Address Room 316, R.A. Gray Building, 500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

City	State	Zip Code
Tallahassee	FL	32399

Purpose of Disbursement
Election Filing Fee

Amount of Each Disbursement this Period

10440.00

Transaction ID : D542667

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

c. Fotography.com

Mailing Address 7 Mackeral St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

City	State	Zip Code
Ponte Vedra Beach	FL	32082

Purpose of Disbursement
Campaign Photos

Amount of Each Disbursement this Period

1605.00

Transaction ID : D541640

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

12729.71

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Reginald L. Gaffney

Mailing Address 1845 Daytona Ln

City	State	Zip Code
Jacksonville	FL	32218

Purpose of Disbursement
Consulting Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : D542750

B. Giant Oil

Mailing Address 4453 San Juan Ave

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

50.14

Transaction ID : D542662

c. Giant Oil

Mailing Address 4453 San Juan Ave

City	State	Zip Code
Jacksonville	FL	32210

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2014

Amount of Each Disbursement this Period

61.89

Transaction ID : D542459

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

712.03

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Grand Bohemian Hotel

Mailing Address 325 S Orange Blvd

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

264.06

Transaction ID : D542699

B. Grand Bohemian Hotel

Mailing Address 325 S Orange Blvd

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

238.50

Transaction ID : D542700

c. Grand Bohemian Hotel

Mailing Address 325 S Orange Blvd

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

85.08

Transaction ID : D542701

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

587.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Grand Bohemian Hotel

Mailing Address 325 S Orange Blvd

City	State	Zip Code
Orlando	FL	32801

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

Amount of Each Disbursement this Period

227.09

Transaction ID : D542773

B. Hanna Hunt

Mailing Address 421 New Jersey Ave SE

City	State	Zip Code
Washington	DC	20003-4007

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2014

Amount of Each Disbursement this Period

2688.00

Transaction ID : D542438

c. Hanna Hunt

Mailing Address 421 New Jersey Ave SE

City	State	Zip Code
Washington	DC	20003-4007

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

800.00

Transaction ID : D541642

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3715.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hess Gas Station

Mailing Address 466 Blanding Blvd

City	State	Zip Code
Orange Park	FL	32073

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

25.02

Transaction ID : D542682

B. Hess Gas Station

Mailing Address 466 Blanding Blvd

City	State	Zip Code
Orange Park	FL	32073

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

2.78

Transaction ID : D542688

C. Hess Gas Station

Mailing Address 466 Blanding Blvd

City	State	Zip Code
Orange Park	FL	32073

Purpose of Disbursement
Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

33.30

Transaction ID : D542694

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

61.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

24.50

Transaction ID : D542696

B. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

368.75

Transaction ID : D542691

C. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

188.62

Transaction ID : D542692

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

581.87

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

86.06

Transaction ID : D542693

B. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2014

Amount of Each Disbursement this Period

782.50

Transaction ID : D542670

C. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2014

Amount of Each Disbursement this Period

539.66

Transaction ID : D542671

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1408.22

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2014

Amount of Each Disbursement this Period

4.79

Transaction ID : D542674

B. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

245.00

Transaction ID : D542656

C. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

196.63

Transaction ID : D542659

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

446.42

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hilton Convention Center

Mailing Address 1751 Hotel Plaza Blvd

City	State	Zip Code
Orlando	FL	32830-8430

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

268.88

Transaction ID : D542448

B. Hilton Hotels

Mailing Address 2201 N Stemmons Fwy

City	State	Zip Code
Dallas	TX	75207

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		08		2014

Amount of Each Disbursement this Period

1348.54

Transaction ID : D542655

c. House Gift Shop

Mailing Address B-217 Longworth HOB

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement
Donor Gifts

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

Amount of Each Disbursement this Period

553.50

Transaction ID : D542738

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2170.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Hyatt Hotels Savannah

Mailing Address 2 W Bay St

City	State	Zip Code
Savannah	GA	31401

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

797.70

Transaction ID : D542473

B. Ilene's for FashionMailing Address 2441 NW 43rd St
Ste 25B

City	State	Zip Code
Gainesville	FL	32606-7433

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : D542661

C. Ilene's for FashionMailing Address 2441 NW 43rd St
Ste 25B

City	State	Zip Code
Gainesville	FL	32606-7433

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

243.62

Transaction ID : D542726

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1541.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Illusions Hair Boutique

Mailing Address 1438 NE 163St.

City	State	Zip Code
Miami	FL	33162

Purpose of Disbursement
Campaign Expense Mistake

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

280.00

Transaction ID : D542669

B. J Pope Consulting, LLC

Mailing Address 10503 Sweetbriar Parkway

City	State	Zip Code
Silver Spring	MD	20903

Purpose of Disbursement
Compliance Consulting Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : D541644

C. Elaine Ford Jackson

Mailing Address 7305 Circle Dr E

City	State	Zip Code
Oxon Hill	MD	20745-1715

Purpose of Disbursement
Reimbursement Travel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

176.24

Transaction ID : D541621

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1456.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Jacksonville Symphony Orchestra

Mailing Address 300 Water Street, Suite 200

City	State	Zip Code
Jacksonville	FL	32202

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

597.00

Transaction ID : D542788

B. Jerome Brown Bar-B-Que

Mailing Address 1551 W Edgewood Ave

City	State	Zip Code
Jacksonville	FL	32208

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 11 / 2014

Amount of Each Disbursement this Period

28.35

Transaction ID : D542666

c. KJB Specialties Inc.

Mailing Address 1551 Edgewood Ave W

City	State	Zip Code
Jacksonville	FL	32208

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : D542476

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1625.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Mila's Catering Inc

Mailing Address 1720 Lanier PI NW

City	State	Zip Code
Washington	DC	20009

Purpose of Disbursement
Catering Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

870.00

Transaction ID : D541641

B. Millennium UN Plaza Hotel

Mailing Address 1 United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

810.25

Transaction ID : D542534

C. Millennium UN Plaza Hotel

Mailing Address 1 United Nations Plaza

City	State	Zip Code
New York	NY	10017

Purpose of Disbursement
Meal/Beverage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

8.99

Transaction ID : D542537

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1689.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Constance Miller

Mailing Address 5440 Calloway Court

City	State	Zip Code
Jacksonville	FL	32209

Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : D543242

B. National Democratic Club

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4006

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

517.95

Transaction ID : D542530

c. National Democratic Club

Mailing Address 30 Ivy St SE

City	State	Zip Code
Washington	DC	20003-4006

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

1561.39

Transaction ID : D541639

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2779.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Norton SoftwareMailing Address 4115 Blackhawk Plaza Cir
Ste 100

City Danville State CA Zip Code 94506-4616

Purpose of Disbursement
Security Software Renewal

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

Amount of Each Disbursement this Period

79.99

Transaction ID : D542721

B. PF Chang's

Mailing Address 16281 Midtown Parkway

City Jacksonville State FL Zip Code 32246

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

129.19

Transaction ID : D542675

C. PNC Merchant Services

Mailing Address 1 PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : D542543

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

239.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

6.49

Transaction ID : D542641

B. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

23.49

Transaction ID : D542642

C. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2014

Amount of Each Disbursement this Period

0.03

Transaction ID : D542643

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.01

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

62.68

Transaction ID : D542740

B. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

35.00

Transaction ID : D542730

C. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

30.00

Transaction ID : D542702

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

127.68

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

2.88

Transaction ID : D542703

B. PNC Merchant Services

Mailing Address 1 PNC Plaza

City	State	Zip Code
Pittsburgh	PA	15265

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

35.00

Transaction ID : D542710

C. Pollos Pio Pio

Mailing Address 5752 International Dr

City	State	Zip Code
Orlando	FL	32819

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

168.41

Transaction ID : D542680

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

206.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Publix Super Market

Mailing Address 5858 Atlantic Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

City	State	Zip Code
Jacksonville	FL	32207-2223

Purpose of Disbursement
Food/Beverages

Amount of Each Disbursement this Period

8.60

Transaction ID : D542728

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Raceway

Mailing Address 9940 Atlantic Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

City	State	Zip Code
Jacksonville	FL	32225

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

31.65

Transaction ID : D542741

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Raceway

Mailing Address 9940 Atlantic Blvd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

City	State	Zip Code
Jacksonville	FL	32225

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

30.00

Transaction ID : D542755

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

70.25

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 OF 73

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Raceway

Mailing Address 9940 Atlantic Blvd.

City Jacksonville State FL Zip Code 32225

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2014

Amount of Each Disbursement this Period

50.39

Transaction ID : D542752

B. Raceway

Mailing Address 9940 Atlantic Blvd.

City Jacksonville State FL Zip Code 32225

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 26 / 2014

Amount of Each Disbursement this Period

58.51

Transaction ID : D542681

C. Raceway

Mailing Address 9940 Atlantic Blvd.

City Jacksonville State FL Zip Code 32225

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 28 / 2014

Amount of Each Disbursement this Period

32.00

Transaction ID : D542509

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

140.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Red Lobster

Mailing Address 1000 Darden Center Dr

City	State	Zip Code
Orlando	FL	32837

Purpose of Disbursement
Food/Beverages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2014

Amount of Each Disbursement this Period

203.59

Transaction ID : D542653

B. Red Lobster

Mailing Address 1000 Darden Center Dr

City	State	Zip Code
Orlando	FL	32837

Purpose of Disbursement
Meals

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

162.35

Transaction ID : D542718

C. Ronita Sanders

Mailing Address 4519 Lenox Blvd

City	State	Zip Code
Orlando	FL	32811

Purpose of Disbursement
Consulting Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

150.00

Transaction ID : D542769

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

515.94

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

60.01

Transaction ID : D542770

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

44.04

Transaction ID : D542757

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

41.27

Transaction ID : D542724

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

145.32

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

33.01

Transaction ID : D542725

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

B. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

63.19

Transaction ID : D542646

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Full Name (Last, First, Middle Initial)

C. Shell Service Station

Mailing Address 620 Chaffee Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Amount of Each Disbursement this Period

45.00

Transaction ID : D542648

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

141.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Shell Service Station

Mailing Address 620 Chaffee Rd S

City	State	Zip Code
Jacksonville	FL	32221-1104

Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

45.75

Transaction ID : D542507

B. Elias Simmons

Mailing Address 3563 Carriage Walk Lane

City	State	Zip Code
Laurel	MD	20724

Purpose of Disbursement
Reimbursement Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

532.00

Transaction ID : D541623

C. Elias Simmons

Mailing Address 3563 Carriage Walk Lane

City	State	Zip Code
Laurel	MD	20724

Purpose of Disbursement
Event Expense Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

697.60

Transaction ID : D541630

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1275.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Gloria Simmons

Mailing Address 11607 Longwood Key Dr W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		19		2014

City	State	Zip Code
Jacksonville	FL	32218-3479

Purpose of Disbursement
Campaign T-shirts

Amount of Each Disbursement this Period

360.00

Transaction ID : D541645

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Soul Food Bistro

Mailing Address 5119 Normandy Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2014

City	State	Zip Code
Jacksonville	FL	32205

Purpose of Disbursement
Food/Beverages

Amount of Each Disbursement this Period

7.48

Transaction ID : D542466

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Soul Food Bistro

Mailing Address 5119 Normandy Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
Jacksonville	FL	32205

Purpose of Disbursement
Food/Beverages

Amount of Each Disbursement this Period

19.41

Transaction ID : D542735

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

386.89

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Markello Spivey

Mailing Address 4158 Lockhart Dr

City	State	Zip Code
Jacksonville	FL	32209

Purpose of Disbursement
Consulting Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : D542729

B. Susan Gage Caterers

Mailing Address 7411 Livingston Rd

City	State	Zip Code
Oxon Hill	MD	20745-1747

Purpose of Disbursement
Catering Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

175.00

Transaction ID : D542443

c. Susan Gage Caterers

Mailing Address 7411 Livingston Rd

City	State	Zip Code
Oxon Hill	MD	20745-1747

Purpose of Disbursement
Catering Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

352.00

Transaction ID : D542652

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

827.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Temple Builders

Mailing Address 5310 Lenox Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2014

City	State	Zip Code
Jacksonville	FL	32205

Amount of Each Disbursement this Period

309.00

Purpose of Disbursement
Facility RentalCategory/
Type**Transaction ID : D542744**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. The Lamar Companies

Mailing Address 2065 NW 57th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
Ocala	FL	34475

Amount of Each Disbursement this Period

1060.00

Purpose of Disbursement
AdvertisingCategory/
Type**Transaction ID : D542479**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. The Ritz CarltonMailing Address 4445 Willard Ave
Ste 800

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

City	State	Zip Code
Chevy Chase	MD	20815-3699

Amount of Each Disbursement this Period

854.25

Purpose of Disbursement
LodgingCategory/
Type**Transaction ID : D542420**

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2223.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Times Union Center for Performing Arts

Mailing Address 300 W Water St

City	State	Zip Code
Jacksonville	FL	32202

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2014

Amount of Each Disbursement this Period

96.50

Transaction ID : D542711

B. Times Union Center for Performing Arts

Mailing Address 300 W Water St

City	State	Zip Code
Jacksonville	FL	32202

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2014

Amount of Each Disbursement this Period

48.25

Transaction ID : D542712

C. Times Union Center for Performing Arts

Mailing Address 300 W Water St

City	State	Zip Code
Jacksonville	FL	32202

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

482.50

Transaction ID : D542704

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

627.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement
Postage

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 05 / 2014

Amount of Each Disbursement this Period

98.00

Transaction ID : D542709

B. United States Postal Service

Mailing Address 1200 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20004-2403

Purpose of Disbursement
Postage

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 08 / 2014

Amount of Each Disbursement this Period

296.68

Transaction ID : D542736

c. UPS TownhouseMailing Address 316 Pennsylvania Ave SE
Ste 300

City	State	Zip Code
Washington	DC	20003-1173

Purpose of Disbursement
Facility Rental Fee

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 01 / 2014

Amount of Each Disbursement this Period

200.00

Transaction ID : D541631

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

594.68

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. UPS TownhouseMailing Address 316 Pennsylvania Ave SE
Ste 300

City Washington State DC Zip Code 20003-1173

Purpose of Disbursement
Facility Rental Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : D542690

B. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

4.00

Transaction ID : D542727

c. US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
Travel

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

310.00

Transaction ID : D542771

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

714.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. US Airways

Mailing Address 4000 E Sky Harbor Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2014

City	State	Zip Code
Phoenix	AZ	85034-3802

Amount of Each Disbursement this Period

207.50

Purpose of Disbursement
TravelCategory/
Type

Transaction ID : D542775

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address PO Box 563966

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
Charlotte	NC	28262

Amount of Each Disbursement this Period

2.50

Purpose of Disbursement
Bank FeeCategory/
Type

Transaction ID : D542733

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address PO Box 563966

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		08		2014

City	State	Zip Code
Charlotte	NC	28262

Amount of Each Disbursement this Period

2.50

Purpose of Disbursement
Bank FeeCategory/
Type

Transaction ID : D542715

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

212.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 73

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Women's Memorial

Mailing Address 1 Memorial Dr

City	State	Zip Code
Fort Myer	VA	22211

Purpose of Disbursement
Campaign Materials

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

Amount of Each Disbursement this Period

12.72

Transaction ID : D542768

B. Wyndham by Riverwalk

Mailing Address 1515 Prudential Dr

City	State	Zip Code
Jacksonville	FL	32207-8133

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

150.00

Transaction ID : D542759

c. Wyndham by Riverwalk

Mailing Address 1515 Prudential Dr

City	State	Zip Code
Jacksonville	FL	32207-8133

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

Amount of Each Disbursement this Period

97.91

Transaction ID : D542762

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

260.63

65242.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Edward L BakerMailing Address 200 W Forsyth St
FL 7

City Jacksonville State FL Zip Code 32202-4349

Purpose of Disbursement
Refund of over the limit campaign funds

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

\$	5000.00
----	---------

Transaction ID : D543245

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	5000.00
----	---------

\$	5000.00
----	---------

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 73

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

Full Name (Last, First, Middle Initial)

A. Eddie Bernice Johnson for CongressMailing Address 2515 McKinney Avenue
Suite 810, LB 11

City Dallas State TX Zip Code 75201

Purpose of Disbursement
Contribution

Candidate Name

Eddie Bernice Johnson

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: TX District: 30

Date of Disbursement

M M	D D	Y Y Y Y
04	12	2014

Amount of Each Disbursement this Period

\$	1000.00
----	---------

Transaction ID : D541627

B. Wells Fargo Bank

Mailing Address PO Box 563966

City Charlotte State NC Zip Code 28262

Purpose of Disbursement
Bank Deposit Correction-Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2014

Amount of Each Disbursement this Period

\$	500.00
----	--------

Transaction ID : D542676

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

\$	
----	--

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

\$	1500.00
----	---------

\$	1500.00
----	---------

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 70 OF 73

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L815

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2010

Corrine Brown PERS FUNDS

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

1500.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

M M / D D / Y Y
09 / 27 / 2010

Date Due

M M / D D / Y Y
No Due Date

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 71 OF 73

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L1011

Friends of Corrine Brown

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Corrine Brown PERS FUNDS

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

611 Appian Way West

City

State

ZIP Code

Jacksonville

FL

32208

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 26 / 2012

Date Due

M M / D D / Y Y Y Y
No Due Date

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

TOTALS This Period (last page in this line only)..... ►

2500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 72 OF 73

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Influential Data

Nature of Debt (Purpose):

Voter Outreach Calling Services

Mailing Address 12121 Wilshire Blvd
Suite 750City State Zip Code
Los Angeles CA 90025

Outstanding Balance Beginning This Period

4105.44

Transaction ID : D472903

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4105.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lee Lewis Media Management

Nature of Debt (Purpose):

Printing and Direct Mail Services

Mailing Address 5300 Memorial Dr

City State Zip Code
Stone Mountain GA 30083

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D365767

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lee Lewis Media Management

Nature of Debt (Purpose):

Magazine Copies

Mailing Address 5300 Memorial Dr

City State Zip Code
Stone Mountain GA 30083

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D365770

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

1) **SUBTOTALS** This Period This Page (optional) ▶

10605.44

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 73 OF 73

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Friends of Corrine Brown

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Main Street Communications

Nature of Debt (Purpose):

Communications Consulting Services

Mailing Address 1300 NE 94th St

City State

Zip Code

Miami Shores

FL

33138

Outstanding Balance Beginning This Period

6450.00

Transaction ID : D472904

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Sandler, Reiff, Young & Lamb PC

Nature of Debt (Purpose):

Legal Services

Mailing Address 1025 Vermont Ave NW
Ste 300

City State

Zip Code

Washington

DC

20005-6302

Outstanding Balance Beginning This Period

120.00

Transaction ID : D488834

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ►

6570.00

2) **TOTALS** This Period (last page this line number only) ►

17175.44

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ►

2500.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

19675.44